CONFIDENTIAL DHHS Incident and Death Report *CONFIDENTIAL*

Provider Agency Name	Consumer's Name	Consumer's Social Security No
		___ - ___ - ___

This form is used to report Level II and III incidents, including deaths and restrictive interventions, involving any person receiving publicly funded mental health, developmental disabilities and/or substance abuse (mh/dd/sa) services. Facilities licensed under G.S. 122C (except hospitals) and unlicensed providers of community-based mh/dd/sa services must submit the form, as required by North Carolina Administrative Code 10A NCAC 27G .0600, 26C .0300, and 27E .0104(e)(18). Failure to complete this form may result in administrative actions against the provider's license and/or authorization to receive public funding. This form may also be used for internal documentation of Level I incidents, if required by provider policy or LME contract. **Effective October 1, 2004, this form replaces the *Critical Incident and Death Reporting Form (Form QM01)* and the *Report of Death to DHHS Form*.**

***Instructions*: Complete and submit this form to the local and/or state agencies responsible for oversight within 72 hours of learning of the incident (See page 3 for details). Report deaths of Consumers that occur within 7 days of restraint or seclusion immediately. ♦ If requested information is unavailable, provide an explanation on the form and report the additional information as soon as possible.**

***Page 1-2 Instructions*: The staff person who is most knowledgeable about the incident should complete pages 1-2 of this form as soon as possible after learning of the incident and submit to the unit supervisor for review and approval.**

Date of incident: ____/____/____ **Time of incident**: ___: ___ ☐ a.m. ☐ p.m.

CONSUMER INFORMATION

Consumer's Date of Birth: _____/_____/_____

All diagnoses: _____

_____

_____

_____

Consumer's Gender: ☐ Male ☐ Female

Consumer's Ethnicity (*Check all that apply*)

☐ Hispanic/Latino ☐ Native American ☐ Asian/Pacific Islander

☐ White/Anglo ☐ Black/African American ☐ Other *(specify)*:_____

Does consumer receive CAP/MR-DD Waiver services? ☐ Yes ☐ No ☐ Unknown

DESCRIPTION OF INCIDENT

LOCATION OF INCIDENT

☐ Provider premises
☐ Consumer's legal residence
☐ Community
☐ Other *(specify)*

_____

(such as hospital, state institution, etc.)

☐ Unknown

OTHER PEOPLE INVOLVED

(Provide name of person and their relationship to the consumer who is the subject of the report)

	Other Consumer	Staff	Other
1.	☐	☐	☐
2.	☐	☐	☐
3.	☐	☐	☐
4.	☐	☐	☐
5.	☐	☐	☐

Name / title of first staff person to learn of incident _____

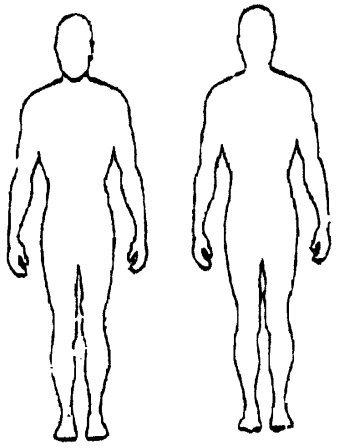
Was the consumer treated by a licensed health care professional for the incident? ☐ Yes ☐ No Date: _____/_____/_____

Was the consumer hospitalized for the incident? ☐ Yes ☐ No Date: _____/_____/_____

Describe the incident, including Who, What, When, Where, and How. *(Describe any preceding circumstances, resulting harm to people, property damage, and any other relevant information. Attach additional pages if needed.)*

INJURY

On the figures below, circle the location of any bruises, cuts, scratches, injuries, or other marks that occurred as a result of the incident.



FRONT BACK

NOTE: Incident reports are confidential quality assurance documents, protected by GS 122C-30, 122C-31, 122C-191 and 122C-192. Do not file incident reports in the consumer's service record. Confidentiality of consumer information is protected under Federal regulations, 42 CFR Part 2 and HIPAA, 45 CFR Parts 160 and 164.

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TYPE OF INCIDENT

CONSUMER DEATH

Death due to: ☐ SUICIDE ☐ ACCIDENT ☐ HOMICIDE / VIOLENCE ☐ Terminal illness / natural cause ☐ Unknown cause

Did death occur within 7 days of the restrictive intervention? ☐ Yes ☐ No ***If yes, immediately submit this form to your supervisor.***

DETAILS OF DEATH REPORTABLE TO NC DEPARTMENT OF HEALTH & HUMAN SERVICES

Complete this section only for deaths from suicide, accident, or homicide/violence or occurring within 7 days of restrictive intervention.

Address where consumer died: _____

Physical illnesses / conditions diagnosed prior to death: _____

Dates of last two (2) medical exams: _____/_____/_____ _____/_____/_____ ☐ Unknown ☐ None

Date of most recent admission to a hospital for physical illness: _____/_____/_____ ☐ Unknown ☐ None

Date of most recent admission to an inpatient mh/dd/sas facility: _____/_____/_____ ☐ Unknown ☐ None

Height: ____ ft ____ in ☐ Unknown **Weight**: _____ lbs ☐ Unknown **Adjudicated incompetent?** ☐Yes ☐No

RESTRICTIVE INTERVENTION

(Check all that apply)

☐ Physical Restraint

☐ Isolation

☐ Seclusion

Duration: _____hrs _____min

Is the use of restrictive intervention part of the consumer's Individual Service Plan? ☐ Yes ☐ No

Was the consumer injured or abused during the restrictive intervention? ☐ Yes ☐ No

Attach a Restrictive Intervention Details Report (Form QM03) or a provider agency form with comparable information.

NOTE: *All use of restraint or seclusion must be documented in the consumer's service record, as required by NCAC 10A 27E .0104.*

OTHER INCIDENT

INJURY

Report injuries requiring treatment by a licensed health professional

(Check only one)

Injury due to:

☐ Aggressive behavior

☐ Self-mutilation

☐ Trip or fall

☐ Auto accident

☐ Other (specify) _____

ABUSE ALLEGATION

(Check all that apply)

☐ Alleged abuse of a consumer

☐ Alleged neglect of a consumer

☐ Alleged exploitation of a consumer

Report any alleged or suspected case of abuse, neglect or exploitation of a consumer, as required by law, to the county Dept. of Social Services and the DFS Healthcare Personnel Registry, as well as the host LME.

MEDICATION ERROR

Report errors that threaten health or safety

(Check only one)

☐ Wrong dosage administered

☐ Wrong medication administered

☐ Wrong time *(administered more than one hour from prescribed time)*

☐ Missed dosage *(including refusals)*

CONSUMER BEHAVIOR

(Check only one)

☐ Suicide attempt

Report the following whenever a report to legal authorities is made:

☐ Inappropriate sexual behavior

☐ Illegal acts by a consumer

☐ Other consumer behavior

OTHER INCIDENT

(Check only one)

☐ Suspension of a consumer from services [*Enter number of days* _____]

☐ Expulsion of a consumer from services

☐ Fire that threatens or impairs a consumer's health or safety

☐ Unplanned consumer absence more than 3 hours over time allowed or absence reported to legal authorities *(where absence is restricted by the service plan)*

Name/title of staff documenting incident *(Please print)*:_____ Phone: (_____)_____

Signature _____ Date _____/_____/_____ Time ____:____ ☐ a.m. ☐ p.m.

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***Page 3 Instructions*: The supervisor of the service should review pages 1-2 of this form, complete page 3 and submit to required agencies in the required timeframes. Use Criteria on page 4 to determine the level of incident. Refer to the Incident Response Manual for further details.**

PROVIDER INFORMATION

Facility / Unit _____ **Facility /Unit Director**: _____

Service address:_____ **City**:_____ **County**_____

Facility /Unit Phone Number: (_____)_____ **Provider Tax ID or Social Security No.**:_____

Service being provided at time of incident: ☐ Residential ☐ Non-residential (*specify*)_____ ☐ N/A

122C-Licensed service? ☐ No ☐ Yes (*License No.*)_____ ***If yes, note reporting instructions for Level III below.***

LEVEL OF INCIDENT

☐ **Level II (Moderate)**

Send this form to the host LME (LME responsible for geographic area where service is provided) within 72 hours. If required by contract, also report to the consumer's home LME if different.

☐ **Level III (High)**

Immediately report verbally to the host LME. Convene an incident review committee within 24 hours if services were being actively provided at time of incident. (See manual for details.) Send this form within 72 hours to:

- *host LME (see bottom of page)*
- *consumer's home LME*
- *NC Division of MH/DD/SAS, Quality Management Team, 3004 MSC, Raleigh, NC 27699-3004. Voice: (919)733-0696, Fax: (919)715-3604*

NOTE: *Report deaths within 7 days of seclusion or restraint immediately.*

NOTE: *If the service is licensed under G.S.122C, also use the same deadlines to report death from suicide, accident, or homicide/violence and deaths occurring within 7 days of restraint or seclusion, to the NC Division of Facility Services, Complaint Intake Unit, 2711 MSC, Raleigh, NC 27699-2711. Voice: 1-800-624-3004 Fax: 1-919-715-7724*

PROVIDER RESPONSE

Describe the cause of the incident *(attach additional pages if needed)*:

Describe how this type of incident may be prevented in the future and any corrective measures that have been or will be put in place as a result of the incident *(attach additional pages if needed)*:

REPORTING INFORMATION

Indicate authorities or persons notified of the incident *(as applicable)*:

Agency / Person	Contact Name	Phone	Notification Date
☐ Host LME	_____	(_____)_____	____/____/____
☐ Consumer's Home LME	_____	(_____)_____	____/____/____
☐ Law enforcement	_____	(_____)_____	____/____/____
☐ County DSS	_____	(_____)_____	____/____/____
☐ Health Care Personnel Registry	_____	(_____)_____	____/____/____
☐ Service Plan Team	_____	(_____)_____	____/____/____
☐ Parent / Guardian	_____	(_____)_____	____/____/____
☐ NC DMH/DD/SAS	_____	(_____)_____	____/____/____
☐ NC DFS Complaint Unit	_____	(_____)_____	____/____/____
☐ Other	_____	(_____)_____	____/____/____

Name/title of supervisor authorizing report *(Please print)*:_____ Phone (____)_____

Signature _____ Date _____/_____/_____ Time ____:____ ☐ a.m. ☐ p.m.

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***Page 4 Instructions**: This page is available for the provider agency or any agencies receiving the report to use for internal tracking and follow-up purposes. Leave this page blank when sending an incident report to the LME and/or other agencies..*

INCIDENT TRACKING *(for internal use only)*

Incident Report Receipt Date: _____/_____/_____

Current Consumer Status:

LME's (or Other Oversight Agency's) Response:

Follow-up Notes:

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DHHS Criteria for Determining Level of Response to Incidents

Incidents are events that are inconsistent with the routine operation of a service or care of a consumer that are likely to lead to adverse effects. Providers must report incidents, as defined below, which occur while a consumer is under their care. Individuals receiving residential and ACT Team services are considered under the provider's care 24 hours a day. Individuals receiving day services and periodic services are considered under the provider's care while a staff person is actively engaged in providing a service.

	EVENT	LEVEL I	LEVEL II	LEVEL III	EXCEPTIONS
CONSUMER DEATH	Consumer Death	----------	Due to: - Terminal illness or other natural cause - Unknown cause	Due to: - Suicide - Violence / homicide - Accident Or occurring: - Within 7 days of seclusion or restraint	Providers of non-residential services should report as soon as they learn of death. ● Level III review within 24 hours needed only if actively engaged in providing service at time of death.
RESTRICTIVE INTERVENTION	Seclusion Isolated time-out Restraint	Any planned use administered appropriately and without discomfort, complaint, or injury[1]	1. Any emergency, unplanned use OR 2. Any planned use that exceeds authorized limits, is administered by an unauthorized person, results in discomfort or complaint, or requires treatment by a licensed health professional	Any restrictive intervention that results in death or permanent physical or psychological impairment within 7 days	Providers will submit aggregate numbers of Level I restrictive interventions to the host LME quarterly. [1]
CONSUMER INJURY	Due to: - Aggressive behavior - Self-harm - Trip or fall - Auto accident - Other / unknown cause	Any injury that requires only first aid, as defined by OSHA guidelines *(regardless of who provides the treatment)*	Any injury that requires treatment by a licensed health professional *(such as MD, RN, or LPN)* beyond first aid, as defined by OSHA guidelines	Any injury that results in death or permanent physical or psychological impairment	Providers of non-residential services should report only if actively engaged in providing service at time of incident
ABUSE	Abuse of consumer Neglect of consumer Exploitation of consumer	----------	Any allegation of abuse, neglect or exploitation of consumer by staff or other adult, including inappropriate touching or sexual behavior	Any allegation of abuse, neglect or exploitation of consumer that involves death, permanent physical or psychological impairment, or arrest	Providers of non-residential services should report as soon as they learn of allegation. ● Review of Level III incidents within 24 hours needed only if actively engaged in providing service at time of alleged incident.
MED ERROR	Wrong dose Wrong medication Wrong time (over 1 hr. from prescribed time) Missed dose or medication refusal	Any error that does not threaten the consumer's health or safety *(as determined by the physician notified of the error)*	Any error that threatens the consumer's health or safety *(as determined by the physician notified of the error)*	Any error that results in death or permanent physical or psychological impairment	Providers of home services should report errors for consumers who self-administer medications as soon as learning of the incident. ● Review of Level III incidents within 24 hours needed only if actively providing service at time of incident. ● All providers will submit aggregate numbers of Level I medication errors to the host LME quarterly. [1]

[1] See Manual for details.

NOTE: Incident reports are quality assurance documents. Do not file incident reports in the consumer's service record. Confidentiality of consumer information is protected. Use the form according to confidentiality requirements in NC General Statutes and Administrative Code and the Code of Federal Regulations.

DHHS Criteria for Determining Level of Response to Incidents

	EVENT	LEVEL I	LEVEL II	LEVEL III	EXCEPTIONS
CONSUMER BEHAVIOR	Suicidal behavior	Any suicidal threat or verbalization that indicates new, different or increased behavior	Any suicide attempt	Any suicide attempt that results in death or permanent physical or psychological impairment	Do not report previous suicide attempts by persons seeking services through the LME Access unit or for whom inpatient commitment is being sought.
	Sexual behavior	Inappropriate sexual behavior that does not involve a report to law enforcement or complaint to an oversight agency	Any sexual behavior that involves a report to law enforcement or complaint to an oversight agency	Any sexual behavior that results in death, permanent physical or psychological impairment, arrest of the consumer, or public scrutiny *(as determined by the host LME)*	
	Consumer act	Any aggressive or destructive act that does not involve a report to law enforcement or complaint to an oversight agency	Any aggressive or destructive act that involves a report to law enforcement or complaint to an oversight agency	Any aggressive or destructive act reported to law enforcement or an oversight agency that results in death, permanent physical or psychological impairment, or public scrutiny *(as determined by the host LME)*	
	Consumer absence	Any absence of 0 to 3 hours over the time specified in the service plan, if police contact is not required	Any absence greater than 3 hours over the time specified in the individual's service plan or any absence that requires police contact	----------	Report absences of competent adult consumers receiving non-residential services <u>only</u> if police contact is required.
OTHER	Suspension from services Expulsion from services	Any provider withdrawal of services for less than one day for consumer misconduct	Any provider withdrawal of services for one day or more for consumer misconduct	----------	
	Fire	Any fire with no threat to the health or safety of consumers or others	Any fires that threatens the health or safety of consumers or others	Any fire that results in death or permanent physical or psychological impairment or public scrutiny *(as determined by the host LME)*	
	Search and seizure	Any	----------	----------	All providers will submit aggregate numbers of searches and seizures to the host LME quarterly. [1]
	Confidentiality breach	Any	----------	----------	

***<u>Direct questions to</u>**: ContactDMHQuality@ncmail.net Phone: (919) 733-0696*

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